STATE ETHICS COMMISSION 45 CALVERT STREET, 3RD FLOOR ANNAPOLIS MD, 21401 410-260-7770 FAX 410-260-7747

REQUEST TO ADD POSITION TO FINANCIAL DISCLOSURE LIST (Form No. 9)

Use this form when adding a position (job) to the financial disclosure list applicable to your Department or Agency. If a person is being added because he or she has assumed a position (job) already on the list, use Form No. 9A.

Name of Department or Agency:	
Position's Agency Address:	
Agency Code:	
Name of Person To Be Added:	
Person's E-mail Address:	
Position or Job Title:	
PIN Number:	
	(If in State Personnel System)
Salary Grade:	(Or compensation if not State graded)
•	(Or compensation if not State graded)
READ APPLICAE SALARY AND DUTIES (See Infor DUTIES RELATING TO CONTRA	
Please attach an entire MS-22 or other pe	osition description.
	entative authorized to make this request. (Persons by the Head of the Department or Agency involved.)
Signature	Date
Print Name	